



FEB 28 2012

Please type or print in ink.

NAME OF FILER (LAST) Hancock (FIRST) Ilona (MIDDLE) H.  
2012 FEB 28 PM 4:26

1. Office, Agency, or Court

Agency Name

California State Senate

Division, Board, Department, District, if applicable

Your Position

Senator

► If filing for multiple positions, list below or on an attachment.

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

- ☒ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)  
☐ Multi-County ☐ County of  
☐ City of ☐ Other

3. Type of Statement (Check at least one box)

- ☒ Annual: The period covered is January 1, 2011, through December 31, 2011.  
-or- The period covered is through December 31, 2011.  
☐ Leaving Office: Date Left (Check one)  
○ The period covered is January 1, 2011, through the date of leaving office.  
○ The period covered is through the date of leaving office.  
☐ Assuming Office: Date assumed  
☐ Candidate: Election Year Office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page:

- ☐ Schedule A-1 - Investments - schedule attached ☐ Schedule C - Income, Loans, & Business Positions - schedule attached  
☐ Schedule A-2 - Investments - schedule attached ☒ Schedule D - Income - Gifts - schedule attached  
☐ Schedule B - Real Property - schedule attached ☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is  
I certify under penalty of perjury under the laws of the State of California that

Date Signed 2/17/2012  
(month, day, year)

Signature

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name _____
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► NAME OF SOURCE  
The California Democratic Party  
 ADDRESS (Business Address Acceptable)  
1401 21st Street, Suite 200 Sacramento, CA 95811  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Senate Caucus Policy Conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 18 / 11</u>	\$ <u>195.32</u>	<u>Meals</u>
<u>   /   /   </u>	\$ <u>      </u>	<u>      </u>
<u>   /   /   </u>	\$ <u>      </u>	<u>      </u>

► NAME OF SOURCE  
Bayer Healthcare  
 ADDRESS (Business Address Acceptable)  
800 Dwight Way Berkeley, Ca 94710  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Pharmaceutical

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 12 / 11</u>	\$ <u>175.00</u>	<u>Dinner</u>
<u>   /   /   </u>	\$ <u>      </u>	<u>      </u>
<u>   /   /   </u>	\$ <u>      </u>	<u>      </u>

► NAME OF SOURCE  
Cal-Performances  
 ADDRESS (Business Address Acceptable)  
101 Zellerbach Hall #4800 Berkeley, Ca 94720-4800  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 25 / 11</u>	\$ <u>65.00</u>	<u>Performance</u>
<u>   /   /   </u>	\$ <u>      </u>	<u>      </u>
<u>   /   /   </u>	\$ <u>      </u>	<u>      </u>

► NAME OF SOURCE  
Life Long Medical Care  
 ADDRESS (Business Address Acceptable)  
PO Box 11247 Berkeley, Ca 94712  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Non Profit Medical Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 03 / 11</u>	\$ <u>\$75</u>	<u>Dinner</u>
<u>   /   /   </u>	\$ <u>      </u>	<u>      </u>
<u>   /   /   </u>	\$ <u>      </u>	<u>      </u>

► NAME OF SOURCE  
California Labor Federation- Contra Costa  
 ADDRESS (Business Address Acceptable)  
1333 Pine St. Suite E, Martinez, Ca 94553  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 21 / 11</u>	\$ <u>50.00</u>	<u>Dinner</u>
<u>   /   /   </u>	\$ <u>      </u>	<u>      </u>
<u>   /   /   </u>	\$ <u>      </u>	<u>      </u>

► NAME OF SOURCE  
Berkeley Film Foundation  
 ADDRESS (Business Address Acceptable)  
2030 Addison Street, Ste. 102 Berkeley, Ca 94704  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Non Profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 10 / 11</u>	\$ <u>100.00</u>	<u>      </u>
<u>   /   /   </u>	\$ <u>      </u>	<u>      </u>
<u>   /   /   </u>	\$ <u>      </u>	<u>      </u>

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

► NAME OF SOURCE  
Oakland Leaf

ADDRESS (Business Address Acceptable)  
7700 Edge Water Drive Ste. 818 Oakland, Ca 94621

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Non Profit After School Program

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 14 / 11</u>	<u>\$ 150.00</u>	<u>Dinner</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

► NAME OF SOURCE  
\_\_\_\_\_

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

► NAME OF SOURCE  
\_\_\_\_\_

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

► NAME OF SOURCE  
\_\_\_\_\_

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

► NAME OF SOURCE  
\_\_\_\_\_

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

► NAME OF SOURCE  
\_\_\_\_\_

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE

Stuart Foundation- Partnership for Children & Youth

ADDRESS (Business Address Acceptable)

500 Washington Street

CITY AND STATE

San Francisco, Ca 94111

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☒ 501 (c)(3)

Non Profit Foundation

DATE(S): 10 / 25 / 11 - 10 / 28 / 11 AMT: \$ 2,246.40  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Comments: \_\_\_\_\_